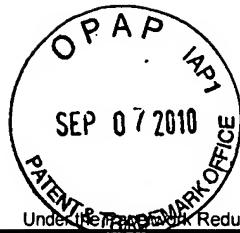


<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/567,174-Conf. #1183
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 8, 2006
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>1,110.00</b>		First Named Inventor	Raymond Zagranski
		Examiner Name	Nguyen, Andrew H.
		Art Unit	3741
		Attorney Docket No.	61459-2 (49366)

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>04-1105</u>		Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>																				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																				
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>															
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>														
	Utility	330	165	540	270	220	110													
	Design	220	110	100	50	140	70													
	Plant	220	110	330	165	170	85													
	Reissue	330	165	540	270	650	325													
Provisional	220	110	0	0	0	0														
<b>2. EXCESS CLAIM FEES</b>																				
<b>Fee Description</b>																				
Each claim over 20 (including Reissues) <b>Small Entity Fee (\$)</b> <b>Fee (\$)</b> 52 26																				
Each independent claim over 3 (including Reissues) <b>Small Entity Fee (\$)</b> <b>Fee (\$)</b> 220 110																				
Multiple dependent claims <b>Small Entity Fee (\$)</b> <b>Fee (\$)</b> 390 195																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Total Claims</b></td> <td style="width: 30%;"><b>Extra Claims</b></td> <td style="width: 30%;"><b>Fee (\$)</b></td> <td style="width: 30%;"><b>Fee Paid (\$)</b></td> <td colspan="3" style="width: 70%; text-align: center;"><b>Multiple Dependent Claims</b></td> </tr> <tr> <td>- 43 or HP</td> <td>-</td> <td>x</td> <td>=</td> <td colspan="3"></td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			- 43 or HP	-	x	=			
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>																
- 43 or HP	-	x	=																	
HP = highest number of total claims paid for, if greater than 20.																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Indep. Claims</b></td> <td style="width: 30%;"><b>Extra Claims</b></td> <td style="width: 30%;"><b>Fee (\$)</b></td> <td style="width: 30%;"><b>Fee Paid (\$)</b></td> <td colspan="3" style="width: 70%; text-align: center;"><b>Fee (\$)</b> <b>Fee Paid (\$)</b></td> </tr> <tr> <td>- 3 or HP</td> <td>-</td> <td>x</td> <td>=</td> <td colspan="3"></td> </tr> </table>							<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b> <b>Fee Paid (\$)</b>			- 3 or HP	-	x	=			
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Fee (\$)</b> <b>Fee Paid (\$)</b>																
- 3 or HP	-	x	=																	
HP = highest number of independent claims paid for, if greater than 3.																				
<b>3. APPLICATION SIZE FEE</b>																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>Total Sheets</b></td> <td style="width: 30%;"><b>Extra Sheets</b></td> <td style="width: 30%;"><b>Number of each additional 50 or fraction thereof</b></td> <td style="width: 30%;"><b>Fee (\$)</b></td> <td style="width: 30%;"><b>Fee Paid (\$)</b></td> </tr> <tr> <td>- 100</td> <td>=</td> <td>/50</td> <td>= (round up to a whole number) x</td> <td>=</td> </tr> </table>							<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	- 100	=	/50	= (round up to a whole number) x	=				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																
- 100	=	/50	= (round up to a whole number) x	=																
<b>4. OTHER FEE(S)</b>																				
Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u> <b>Fee Paid (\$)</b> <u>1,110.00</u>																				
<b>SUBMITTED BY</b>																				
Signature	<u>David J. Silvia</u>		Registration No. (Attorney/Agent)	49,036	Telephone	(203) 353-6839														
Name (Print/Type)	<u>David J. Silvia</u>		Date	September 2, 2010																



PTO/SB/92 (07-09)

Approved for use through 07/31/2012. OMB 0651-0031  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/567,174

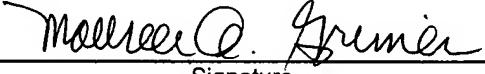
Attorney Docket No.: 61459-2 (49366)

## Certificate of Mailing under 37 CFR 1.8

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on September 2, 2010  
Date

  
Signature

Maureen A. Grimes

Typed or printed name of person signing Certificate

Registration Number, if applicable

(203) 353-6882

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment and Response (16 pages)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Transmittal (1 page)

Fee Transmittal (1 page)

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## TRANSMITTAL FORM

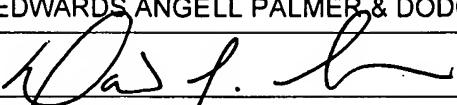
(to be used for all correspondence after initial filing)

		Application Number	10/567,174-Conf. #1183
		Filing Date	December 8, 2006
		First Named Inventor	Raymond Zagranski
		Art Unit	3741
		Examiner Name	Nguyen, Andrew H.
Total Number of Pages in This Submission	20	Attorney Docket Number	61459-2 (49366)

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Mailing (1 page); and Return Receipt Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	David J. Silvia		
Date	September 2, 2010	Reg. No.	49,036